

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Candy Apple, L.L.C.	COURT CASE NUMBER 1:19-cv-391
DEFENDANT M/V NOR GOLIATH	TYPE OF PROCESS Vessel Arrest

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Master, M/V NOR GOLIATH, Official No. 9396933
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Port of Pascagoula, 505 Port Road, Pascagoula, Mississippi, 39581

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Samuel Gregory, One Eastover Center, 100 Vision Drive Suite 400
Jackson, Mississippi, 39211
601.969.4656

Number of process to be served with this Form 285

1

Number of parties to be served in this case

1

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

This USM 285 Form is being submitted in connection with Service of Supplemental Vessel Arrest Warrant on behalf of intervenor Candy Apple, L.L.C.

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

504-566-5225

DATE

7/24/14

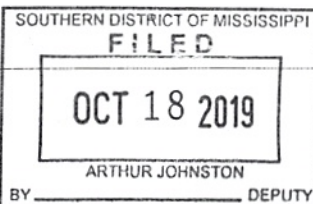
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin <u>A43</u>	District to Serve <u>A43</u>	Signature of Authorized USMS Deputy or Clerk <u>J. Mitchell</u>	Date <u>10/10/19</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)



☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
10-18-19 Time
1000 ☒ am ☐ pm

Signature of U.S. Marshal or Deputy
[Signature]

Service Fee <u>260⁰⁰</u>	Total Mileage Charges including endeavors <u>60³⁸</u>	Forwarding Fee <u>—</u>	Total Charges <u>320³⁸</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$0.00</u> <u>320³⁸</u>
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REMARKS: 2 Deputy x 2 hrs = 260⁰⁰

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED